

EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) **C**

1. County Name: Leon County
Business Address: Leon County Courthouse, 301 South Monroe Street, Tallahassee, Florida 32301
Telephone: (850) 488-9962
Federal Tax ID Number (Nine Digit Number): VF 59-6000708

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
Signature:	Date:
Printed Name: Parwez Alam	
Position Title: County Administrator	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name:	Dan Moynihan
Position Title:	Leon County Director of Emergency Medical Services
Address:	2290 Miccosukee Road, Tallahassee Florida 32308
Telephone: (850) 488-0911	Fax Number: (850) 410-1444
E-mail Address: Moynihand@mail.co.leon.fl.us	

4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.
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5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
N/A

BUDGET PAGE**A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.

	Amount
N/A	
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
N/A	
TOTAL	\$

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Partial funding for two ambulances	79,330.54
TOTAL	\$ 79,330.54
Grand Total	\$ <u>79,330.54</u>

**FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM**

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Leon County

Mailing Address: Leon County Courthouse, 301 South Monroe St. Tallahassee, Florida 32301

Federal Identification number Fed ID - 59-6000708

Authorized Official: _____

Signature

Date

Parwez Alam, County Administrator

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID: Code: _____

Approved By : _____
Signature of EMS Grant Officer

Date

State Fiscal Year: _____ - _____

Organization Code
64-25-60-00-000

E.O.
N_

OCA
N2000

Object Code
7 _____

Federal Tax ID: VF _____

Grant Beginning Date: October 1, _____ Grant Ending Date: September 30, _____